

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Finance/Admin Section Chief

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item

Date Completed

Qualified GES

At least 21 years of age

The above listed member has completed the required prerequisite training for the finance/admin section chief specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task

Evaluator's CAPID and
Date Completed

Complete NIIMS G193 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the finance/admin section chief specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced TrainingEvaluator's CAPID and
Date Completed

Task

Complete Task F-4100 Demonstrate the ability to provide financial and cost analysis information as requested

Complete Task F-4102 Demonstrate the ability to determine the need to setup and operate an incident commissary

Complete Task F-4103 Demonstrate the ability to keep and transmit as necessary all personnel and equipment time records to appropriate agencies

Complete Task F-4104 Demonstrate the ability to provide financial input to the demobilization plan

Complete Task F-4105 Demonstrate preparation of all obligation documents for the incident commander

Complete Task L-0001 Basic Communications Procedures for ES Operations

Complete Task P-0101 Demonstrate the ability to keep a log

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations***Exercise Participation**

The above listed member satisfactorily participated as a finance/admin section chief trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE_____
DATE

The above listed member satisfactorily participated as a finance/admin section chief trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE_____
DATE**Unit Certification and Recommendation**

The above listed member has completed the requirements for the finance/admin section chief specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE_____
DATE